

# Organizational social capital and health

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# Organizational social capital (OSC)

- “collaborative capabilities of the company based on trust and justice” (*TSK, 2010*)
- “overall binding factor acting as a connecting matrix between the different people and their jobs”
- measured by 3 dimensions
  - vertical trust
  - justice
  - social community

- vertical trust

1. *does the management trust the employees to do their work well ?*
2. *can you trust the information that comes from the management ?*

- justice

3. *are conflicts resolved in a fair way ?*
4. *is the work distributed fairly ?*

- social community

5. *is there good co-operation between the colleagues at work ?*
6. *do you feel part of a community at your place of work ?*  
*(is there a good atmosphere between you and your colleagues ?)*

- scale: 0-100 (0-24)

# OSC and health

- individual level
  - “classical” approach
  - individual perception of OSC
  - risk estimates (OR, RR, cross-sectional, longitudinal, ...)
- group level
  - organization
  - work units

# OSC and health

## Individual level

- self rated health (*Oksanen et al., 2008; Suzuki et al., 2010*)
- well-being and health in staff (*Kouvonen et al., 2008*)
- emotional exhaustion in clinicians (*Driller et al., 2010*)  
and hospital nurses (*Kowalski et al., 2010*)
- hypertension (*Oksanen et al 2012*)
- depressive symptoms (*Jung et al 2012*)
- depression (*Kim et al 2012*)

# OSC in nursing homes

- 239 (81% participation) nurses, geriatric helpers in nursing homes
- relation between OSC (0-100)
  - ‘gossip and slander’ (12-m exposure)
  - ‘quarrels and conflicts’ (12-m exposure)
  - sick leave (in last 12 months)
  - **poor** work ability ( $WAI < 37$ )

- multivariate logistic regression analysis
- corrected for
  - age
  - gender
  - physical work load
  - emotional work demands
  - job insecurity
  - full/part time work
  - shift work
  - job task

## OSC (0-100) in nursing homes

considered outcome	n	OR	(95%CI)
gossip and slander	235	0.96	(0.94-0.98)***
quarrels and conflicts	235	0.98	(0.96-1.00)*
sick leave	236	0.98	(0.96-1.00)*
poor work ability	236	0.98	(0.95-1.00)*



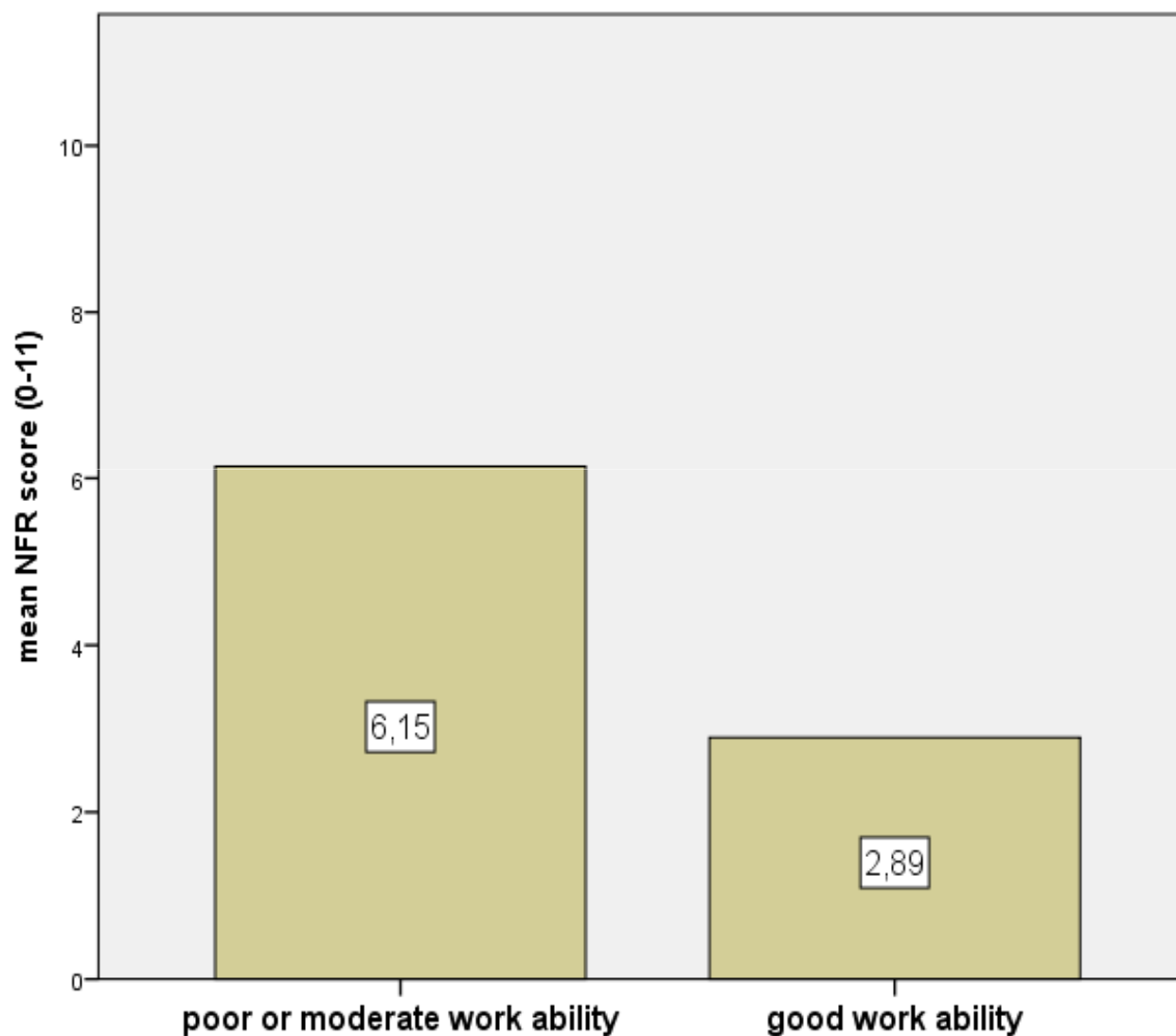
## OSC in public sector

- 1238 employees (81% participation)
- OSC (0-100) and good work ability ( $WAI \geq 37$ )
- multivariate logistic regression analysis
- corrected for age, gender, job task and need for recovery

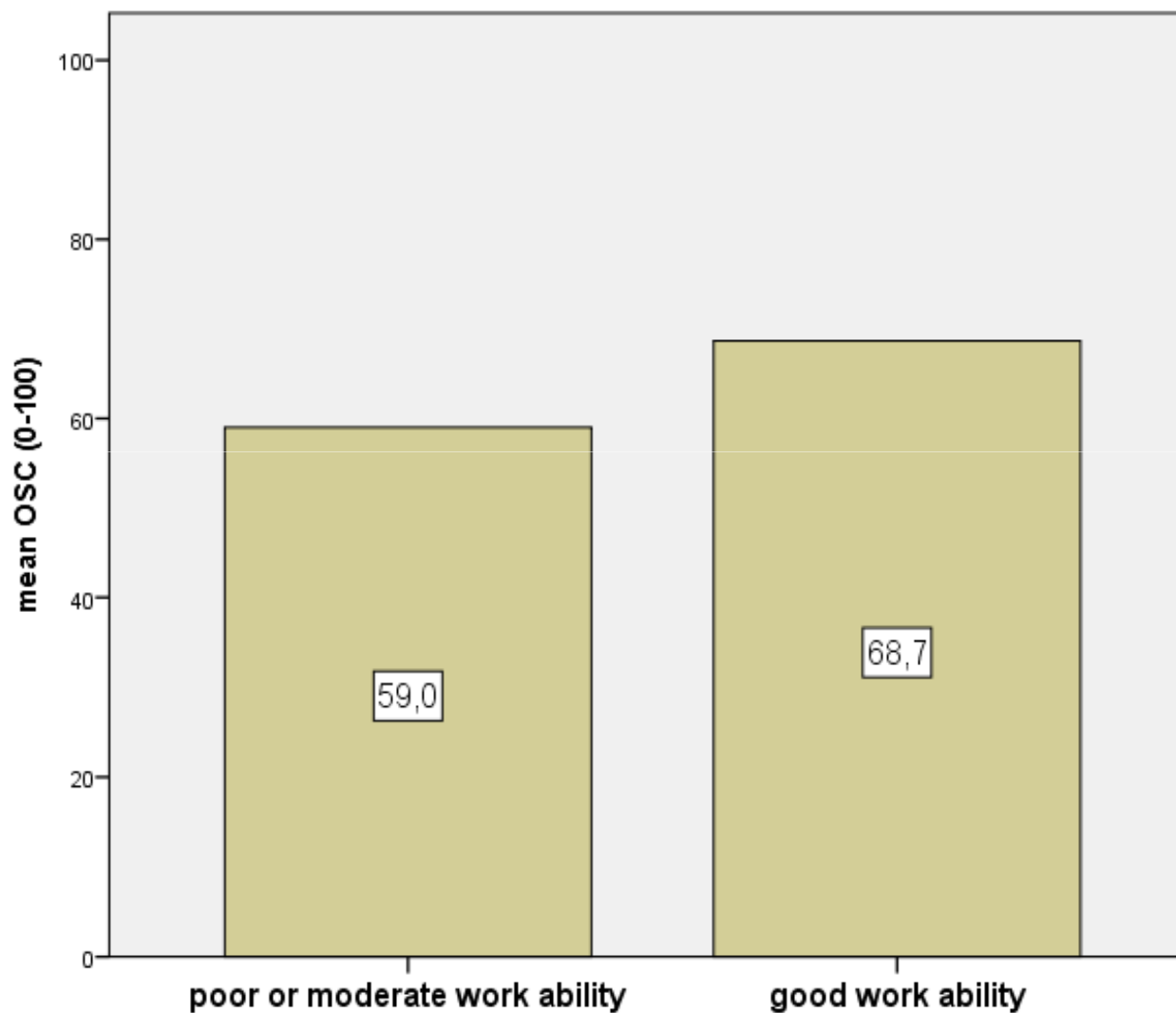
## OR for good WAI in public sector (*n*=1223)

	OR	(95% CI)	<i>p</i>
OSC (0-100)	1.02	(1.01-1.04)	<0.000
NFR score (0-11)	0.75	(0.71-0.79)	<0.000
age	0.98	(0.96-1.00)	0.022

# WAI and NFR



# WAI and OSC



# Threshold ?

	OR	(95% CI)	<i>p</i>
OSC 0-49 (n=147)			
OSC 50-59 (n=252)	1.55	(0.90-2.67)	<i>0.116</i>
OSC 60-69 (n=215)	3.08	(1.60-5.93)	<i>0.001</i>
OSC 70-79 (n=367)	2.44	(1.40-4.25)	<i>0.002</i>
OSC 80-89 (n=151)	2.14	(1.06-4.30)	<i>0.034</i>
OSC 90-100 (n=100)	4.92	(1.63-14.85)	<i>0.005</i>
NFR score (0-11)	0.75	(0.71-0.79)	<i>&lt;0.000</i>
age (yrs.)	0.98	(0.96-1.00)	<i>0.013</i>

# OSC and musculoskeletal complaints

- car-assembly company
- 2287 employees
- OSC (**0-24**) and 12-month prevalence musculoskeletal complaints
- multivariate logistic regression analysis
- corrected for age, gender, quantitative work demands, tempo, social support from superior, shift schedule, department

# OSC (0-24) and MSC

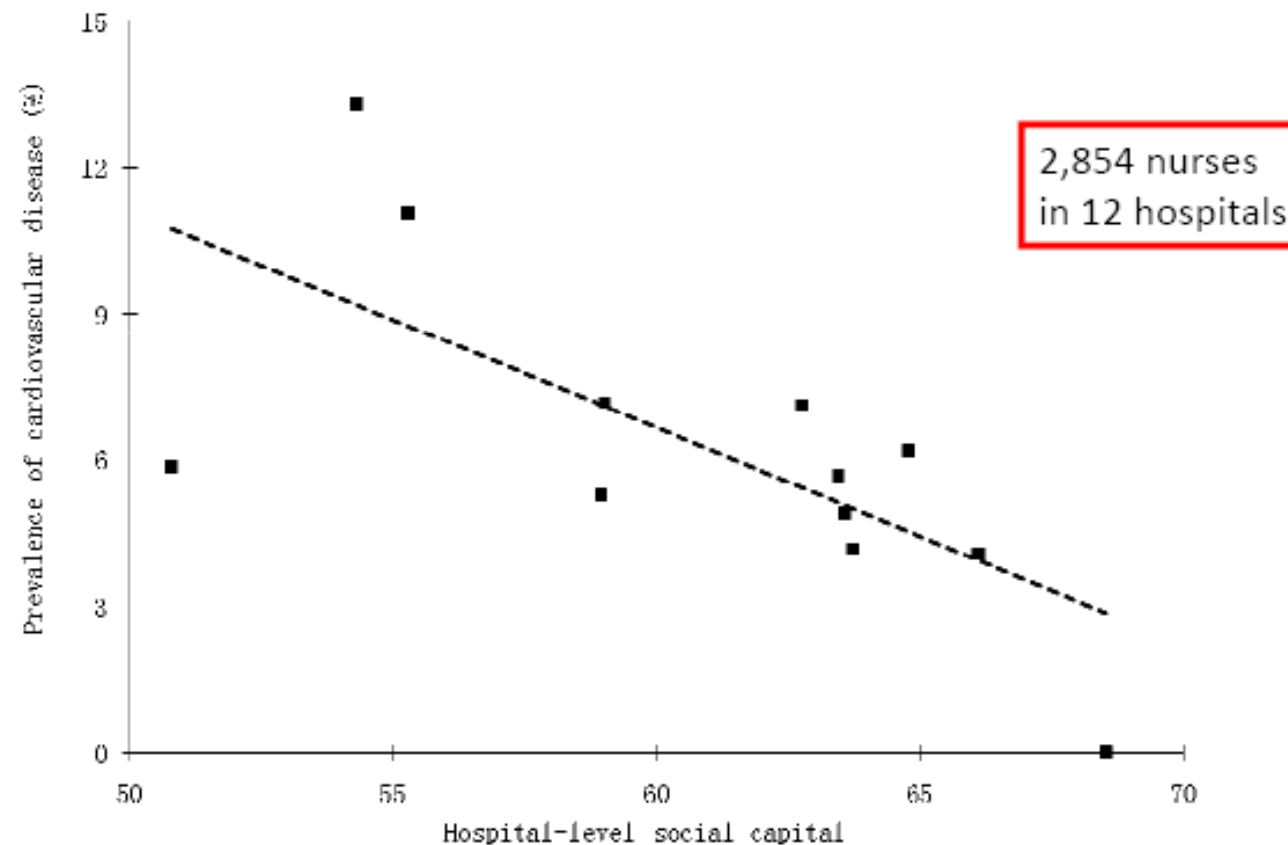
	OR	(95% CI)	<i>p</i>
neck	0.92	(0.89-0.95)	<i>&lt;0.000</i>
shoulder	0.90	(0.87-0.93)	<i>&lt;0.000</i>
elbow	0.91	(0.87-0.95)	<i>&lt;0.000</i>
pols	0.92	(0.88-0.96)	<i>&lt;0.000</i>
upper back	0.93	(0.89-0.97)	<i>&lt;0.000</i>
lower back	0.93	(0.90-0.95)	<i>&lt;0.000</i>
hip	0.92	(0.87-0.96)	<i>0.001</i>
knee	0.94	(0.91-0.97)	<i>&lt;0.000</i>
foot	0.93	(0.88-0.97)	<i>0.002</i>

# OSC and health Group level

- OSC = by definition group aspect



## Social capital and the prevalence of cardiovascular disease among nurses in Chinese hospitals



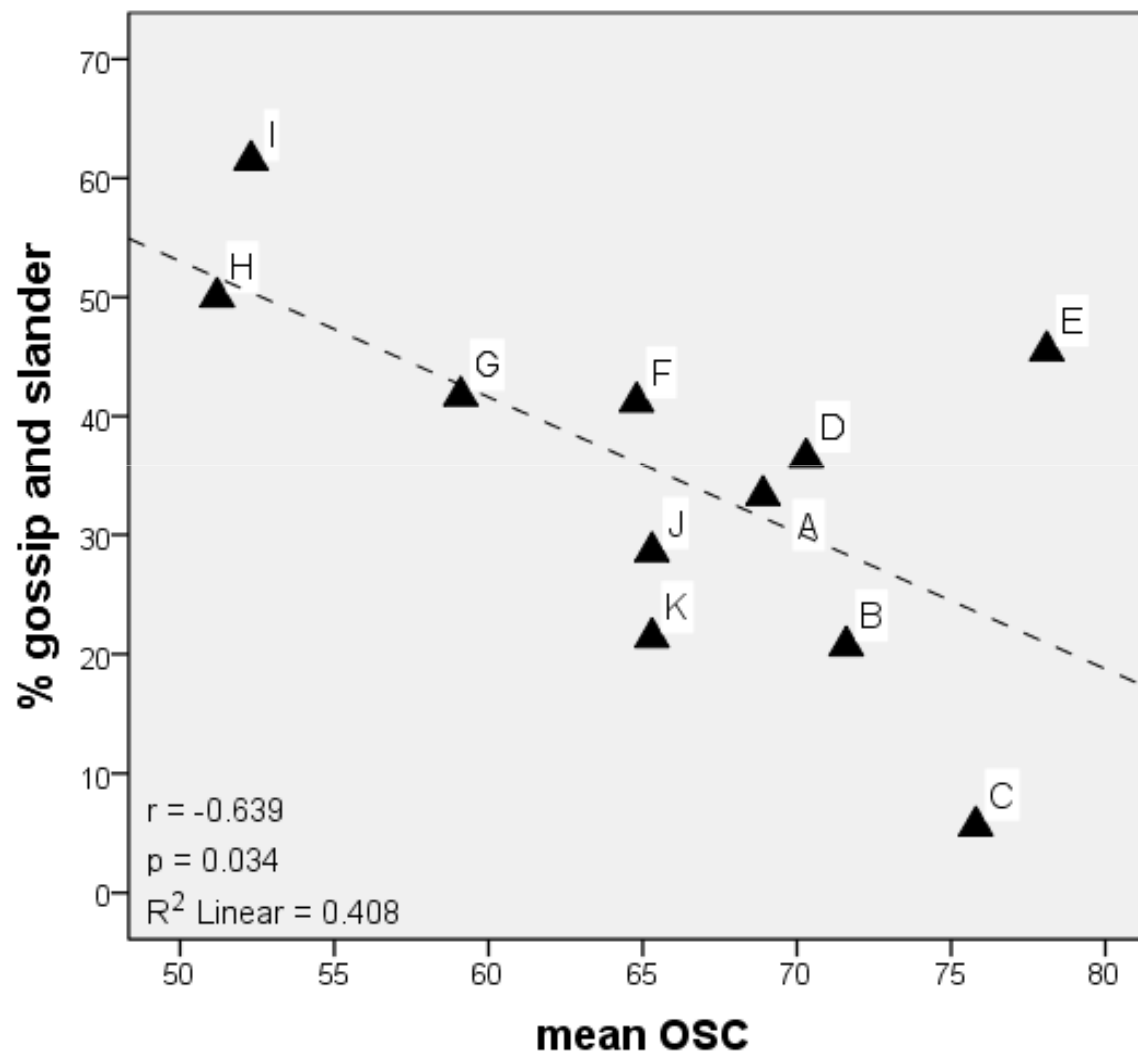
Jian Li & TS Kristensen, 2011.

# OSC in nursing homes

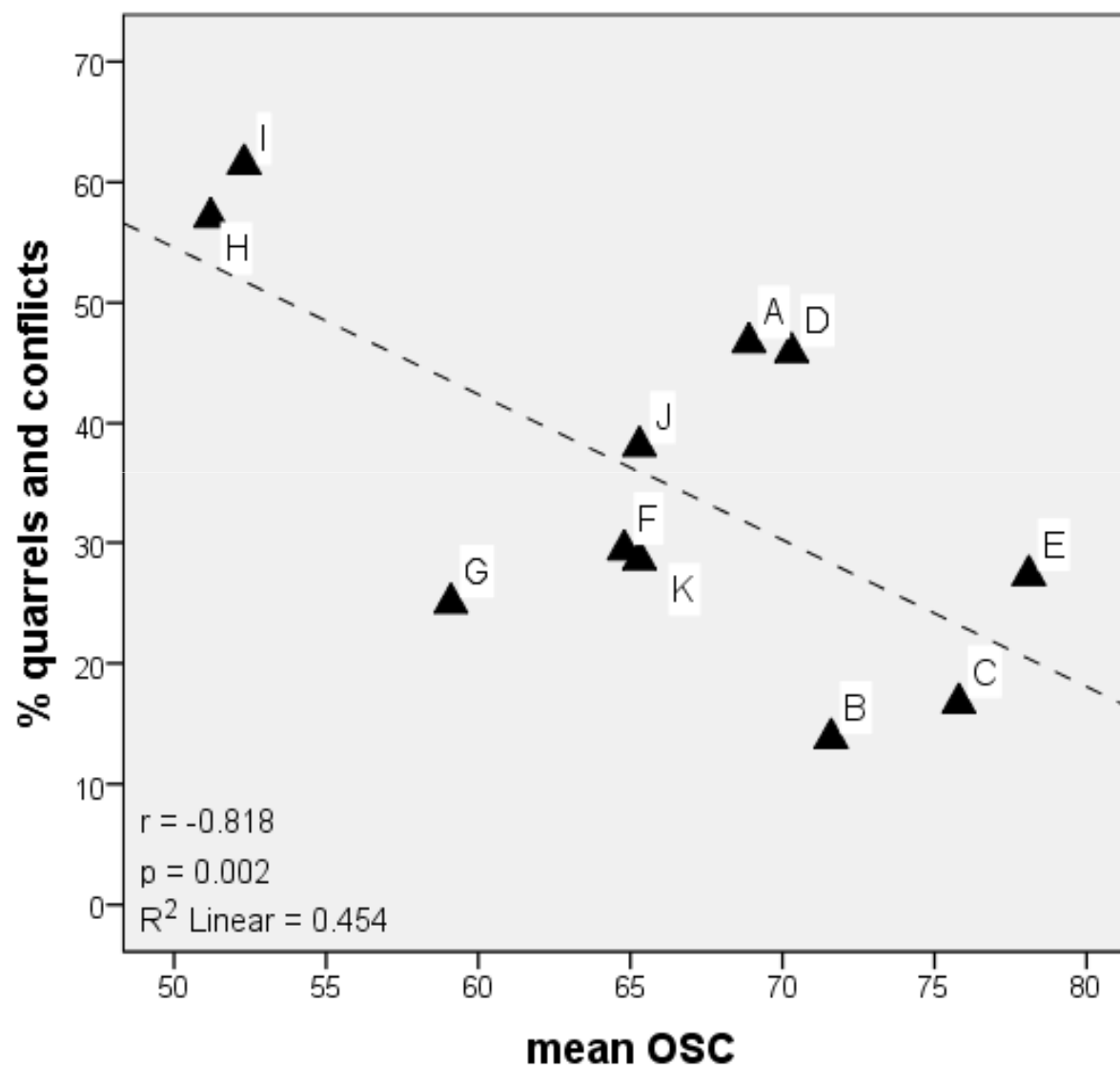
## Group level

- 239 nurses; geriatric helpers
- 11 nursing homes / work units
- gossip and slander
- quarrels and conflicts
- sick leave
- poor Work Ability

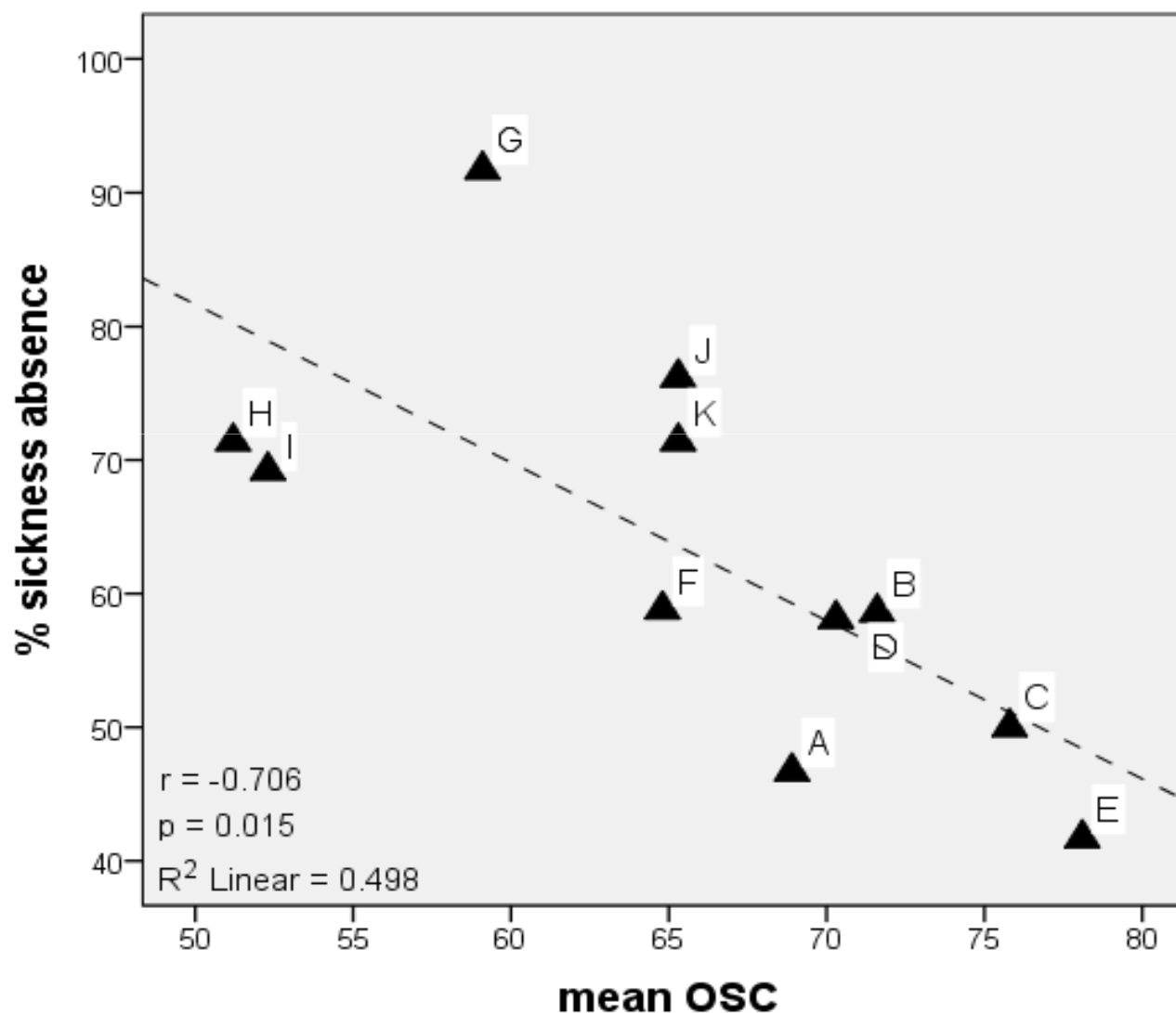
# Gossip and slander



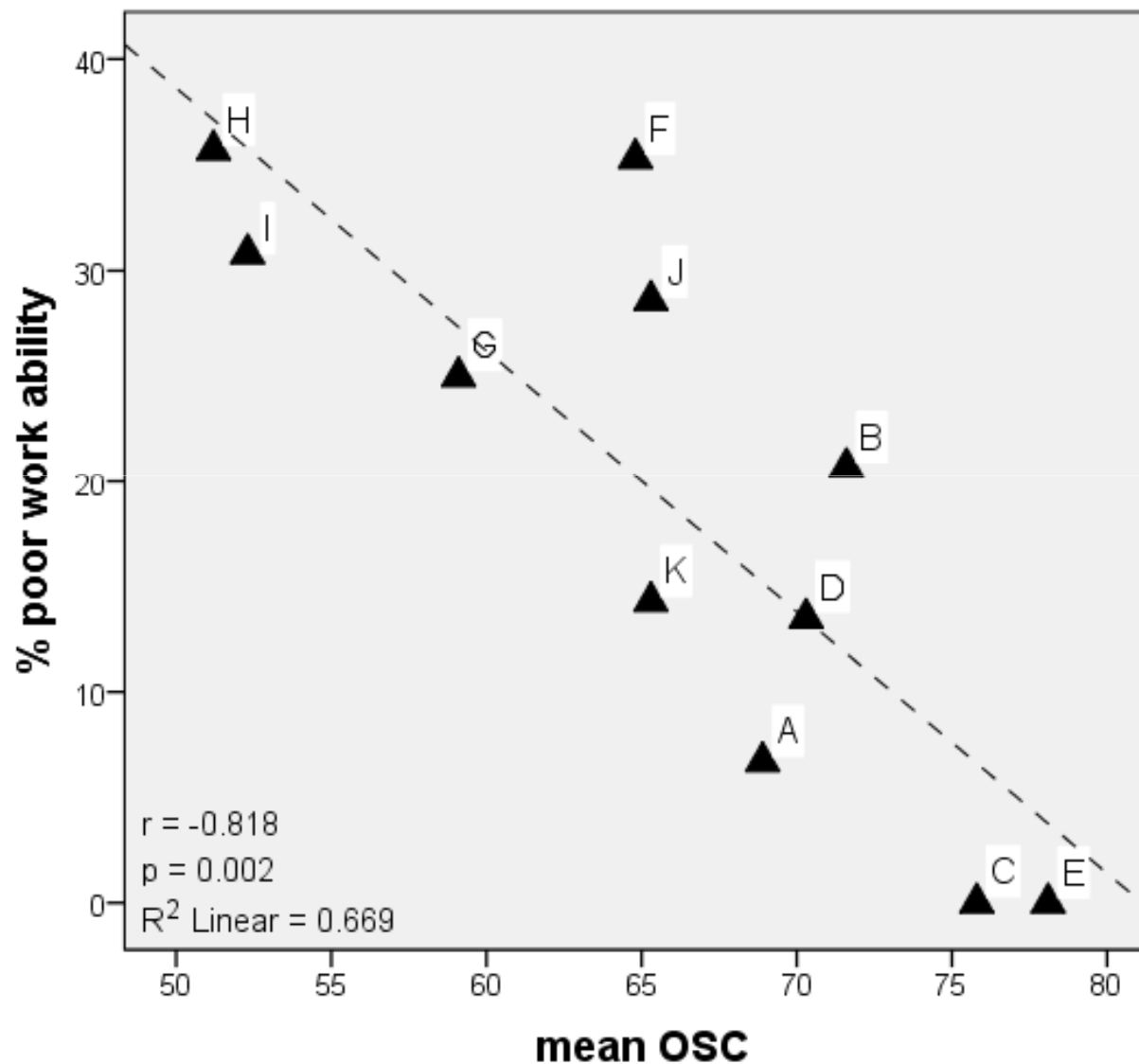
# Quarrels and conflicts



# Sick leave prevalence



# Poor work ability



# Conclusions

- OSC important aspect for health and well-being at work
- further (follow-up) studies necessary
- group level studies
- challenge: key for improvement with management (quality of leadership)
- asset: OSC important for production, quality and turnover